

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

APPLICANT(S)
C9/499598

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	13					
TOTAL DEF.	15					
TOTAL	18					

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